

P I L O T R E P O R T

REPORT NP:

O₂ (PSI & CU. FT.)

ALTITUDE:

DATE:

ON:

TAKEOFF:

SEAT PACK:

OFF:

LANDING:

AIRCRAFT:

NAME:

HARD PAT:

WIRE HARNESS:

HELMET:

FACE PLATE:

SUIT:

GLOVES:

BOOTS:

SEAT PACK:

TOTAL HOURS ON REGULATOR:

RADIO:

MEDICAL:

PREFLIGHT: TEMP.
 PULSE.
 RESP.

POST FLIGHT:

REMARKS:

COMMENTS:

RECOMMENDATIONS: